DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HALCYON HOME (590103)

Address: N2664 CO LINE RD, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 10/22/1996

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096191 End Date: 11/09/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009761 Served 01/09/2006

Deficiencies Cited Subject Area Subject Area Subject Area Verified Corrected

Compliance

88.05(3)(d) ANNUAL WELL WATER INSPECTIONS 88.05(6)(c) HOUSEHOLD PETS-HANDLED PROPERLY

88.06(3)(d)1 DESCRIPTION OF SERVICES 88.07(3)(d) MEDICATION- WRITTEN ORDER

Survey ID: 0092012 End Date: 02/11/2004 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006460 Served 02/23/2004

Deficiencies Cited Subject Area Verified Corrected

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>vermed</u> <u>Corrected</u>

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